KD71088

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100163083881

12/01/09--01022--017 **35.00

TALLAHASSEE FLORIDA 09 DEC -1 PM 2: 50

A Ch 8 (12/4/09)

COVER LETTER

Division of Corporations	
SUBJECT: Sunshine Brewns In C. Name of Corporation	
DOCUMENT NUMBER: KØ7688	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Adam Coper Name of Contact Person	
Sunshive Brewns, luc.	
120 SW (St Ave.	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Megan Casey at (352) 871-2588 Name of Contact Person at (352) Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMEN	F CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
Pursuant to the	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of che	is submitted for a corporation organized under the laws of the State of
in orde	change its registered office or registered agent, or both, in the State of Florida.
1. The name of	orporation: SUNSHME Brewng, INC.
2. The principal	ce address: 120 SW 151 AVL
	Gamesolle FC 32601
3. The mailing i	ss (if different):
4. Date of incor	ion/qualification: 12 15 87 Document number: K07688
5. The name an:	et address of the current registered agent and registered office on file with the
Florida Depa	t of State: (If resigned, enter resigned) A Following A P (MORN (declased))
\www.	Edmond r cooper,
	120 SW 15t Ave.
	LED MUND P. Cooper, (deceased) 120 SW 1st Ave. GariesvIlle FZ 32601
6. The name a	address of the new registered agent (if changed) and /or registered office
(if changed)	
	Adam Cooper 120 SW 1 ^{SL} Avenue P.O. BOX NOT acceptable
il il	1 120 SW 135 Avenue 3
# 	Adam Cooper 120 SW 1 ^{SL} Avenue P.O. Box NOT acceptable Garnesville R 32601
The street add as changed will be	kits registered office and the street address of the business office of its registered agent,
Such change was authorized by this	outhorized by resolution duly adopted by its board of directors or by an officer so spard, or the corporation has been notified in writing of the change.
Herry	Adam Coper President Printed or typed name and title
I hereby acce	prointment as registered agent and agree to act in this canacity
I further agre of my duties,	iply with the provisions of all statutes relative to the proper and complete performance if familiar with and accept the obligation of my position as registered agent. Or, if this admirately to reflect a change in the registered office address, I hereby confirm that the
document is for corporation h	notified in writing of this change.
Man	10/20/09
Ì	Registered Agent Date
If signing on b	an entity:
Adam	per .
i	* * * FILING FEE: \$35.00 * * *
•	1AKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
M; CR2E045 (8/05)	ivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314